

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004749

FILED
Apr 26, 2005
Secretary of State

Entity Name: SEA GATE ASSOCIATION, INC.

Current Principal Place of Business:

11983 NORTH TAMiami TRAIL
SUITE 132
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:
11983 NORTH TAMiami TRAIL
SUITE 132
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-1214723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOELLFER, ALBERT
11983 NORTH TAMiami TRAIL
SUITE 132
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: KNOEPPFLER, ALBERT
Address: 11983 NORTH TAMiami TRAIL SUITE 132
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: LOSCIALE, ALESSANDRA
Address: 11983 NORTH TAMiami TRAIL SUITE 132
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: KNOEPPFLER, ALEJANDRO
Address: 9420 OLD CUTLER ROAD
City-St-Zip: CORAL GABLES, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: KNOEPPFLER, ALBERT
Address: 11983 NORTH TAMiami TRAIL SUITE 132
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KNOEPPFLER, ALEJANDRO
Address: 9420 OLD CUTLER ROAD
City-St-Zip: CORAL GABLES, FL 33158

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT C KNOEPPFLER

PSTD

04/26/2005

Electronic Signature of Signing Officer or Director

Date